

Fill in this information to identify the case:

Debtor name Neighborhood Radiology Management Services, LLC

United States Bankruptcy Court for the: Eastern District of New York

Case number (if known): 1-22-41393 (State)

☐ Check if this is an amended filing

Official Form 206Sum**Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*\$ 0.00**1b. Total personal property:**Copy line 91A from *Schedule A/B*\$ 44.08**1c. Total of all property:**Copy line 92 from *Schedule A/B*\$ 44.08**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*\$ 301,907.00**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 6a of *Schedule E/F*\$ 0.00**3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F*+\$ 4,249,221.72**4. Total liabilities**

Lines 2 + 3a + 3b

\$ 4,551,128.72

Fill in this information to identify the case:Debtor name Neighborhood Radiology Management Services, LLCUnited States Bankruptcy Court for the: Eastern District of New YorkCase number (if known): 1-22-41393☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand**\$ 0.00**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. Wells Fargo Bank	Checking	<u>2</u> <u>7</u> <u>5</u> <u>1</u>	\$ <u>44.08</u>
3.2. _____	_____	_____	\$ _____

4. Other cash equivalents (Identify all)

4.1. _____ \$ _____

4.2. _____ \$ _____

5. Total of Part 1\$ 44.08

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

Part 2: Deposits and prepayments**6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
- ☐ Yes. Fill in the information below.

Current value of debtor's interest**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit	
7.1. _____	\$ _____
7.2. _____	\$ _____

Debtor Neighborhood Radiology Management Services, LLC
NameCase number (if known) 1-22-41393**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1. _____ \$ _____

8.2. _____ \$ _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ _____

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**☒ No. Go to Part 4.☐ Yes. Fill in the information below.**Current value of debtor's interest****11. Accounts receivable**11a. 90 days old or less: _____ - _____ = → \$ _____
face amount doubtful or uncollectible accounts11b. Over 90 days old: _____ - _____ = → \$ _____
face amount doubtful or uncollectible accounts**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ _____

Part 4: Investments**13. Does the debtor own any investments?**☒ No. Go to Part 5.☐ Yes. Fill in the information below.**Valuation method used for current value****Current value of debtor's interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. _____ \$ _____

14.2. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. _____ % _____ \$ _____

15.2. _____ % _____ \$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____ \$ _____

16.2. _____ \$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ _____

Debtor

Neighborhood Radiology Management Services, LLC

Name

Case number (if known) 1-22-41393

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
- ☐ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
20. Work in progress				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
22. Other inventory or supplies				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
23. Total of Part 5				\$ _____
Add lines 19 through 22. Copy the total to line 84.				

24. Is any of the property listed in Part 5 perishable?

- ☐ No
- ☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
- ☐ Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
_____	\$ _____	_____	\$ _____
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
_____	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)			
_____	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed			
_____	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6			
_____	\$ _____	_____	\$ _____

Debtor

Neighborhood Radiology Management Services, LLC
Name

Case number (if known) 1-22-41393

33. Total of Part 6.

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. Is the debtor a member of an agricultural cooperative?

- ☐ No
- ☐ Yes. Is any of the debtor's property stored at the cooperative?
- ☐ No
- ☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
- ☐ Yes. Book value \$ _____ Valuation method _____ Current value \$ _____

36. Is a depreciation schedule available for any of the property listed in Part 6?

- ☐ No
- ☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles**38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☒ No. Go to Part 8.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture	\$ _____	_____	\$ _____
40. Office fixtures	\$ _____	_____	\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software	\$ _____	_____	\$ _____
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$ _____

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☐ No
- ☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Debtor

Neighborhood Radiology Management Services, LLC

Name

Case number (if known) 1-22-41393

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____
49. Aircraft and accessories			
49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
	\$ _____	_____	\$ _____
51. Total of Part 8. Add lines 47 through 50. Copy the total to line 87.			\$ _____

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No
- ☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Debtor

Neighborhood Radiology Management Services, LLC

Name

Case number (if known) 1-22-41393

Part 9: Real property**54. Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.
- ☐ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1		\$ _____	_____	\$ _____
55.2		\$ _____	_____	\$ _____
55.3		\$ _____	_____	\$ _____
56. Total of Part 9. Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.				\$ _____
57. Is a depreciation schedule available for any of the property listed in Part 9?				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes				
58. Has any of the property listed in Part 9 been appraised by a professional within the last year?				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes				

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☒ No. Go to Part 11.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	\$ _____	_____	\$ _____
61. Internet domain names and websites	\$ _____	_____	\$ _____
62. Licenses, franchises, and royalties	\$ _____	_____	\$ _____
63. Customer lists, mailing lists, or other compilations	\$ _____	_____	\$ _____
64. Other intangibles, or intellectual property	\$ _____	_____	\$ _____
65. Goodwill	\$ _____	_____	\$ _____
66. Total of Part 10. Add lines 60 through 65. Copy the total to line 89.			\$ _____

Debtor

Neighborhood Radiology Management Services, LLC
Name

Case number (if known) 1-22-41393

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☐ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☐ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes. Fill in the information below.

**Current value of
debtor's interest**

71. Notes receivable

Description (include name of obligor)

_____ — _____ = ➔ \$ _____
 Total face amount doubtful or uncollectible amount

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____

73. Interests in insurance policies or annuities

_____ \$ _____

74. Causes of action against third parties (whether or not a lawsuit has been filed)

_____ \$ _____

Nature of claim _____

Amount requested \$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

_____ \$ _____

Nature of claim _____

Amount requested \$ _____

76. Trusts, equitable or future interests in property

_____ \$ _____

77. Other property of any kind not already listed *Examples: Season tickets, country club membership*

_____ \$ _____

_____ \$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ _____

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Debtor

Neighborhood Radiology Management Services, LLC

Name

Case number (if known) 1-22-41393

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ 44.08	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ 0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ 0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ 0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ 0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$ 0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ 0.00	
88. Real property. <i>Copy line 56, Part 9.</i>	→	\$ 0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ 0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$ 0.00	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 44.08	+ 91b. \$ 0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92. 44.08		\$ 44.08

Fill in this information to identify the case:Debtor name Neighborhood Radiology Management Services, LLCUnited States Bankruptcy Court for the: Eastern District of New YorkCase number (if known): 1-22-41393☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.*Column A***Amount of claim**

Do not deduct the value of collateral.

*Column B***Value of collateral that supports this claim****2.1** Creditor's name
American Equity Bank

Describe debtor's property that is subject to a lien

Blanket Lien\$ 0.00\$ 0.00

Creditor's mailing address

5900 Green Oak Drive
Suite 100, Hopkins, MN 55343

Creditor's email address, if known

Date debt was incurred 12/27/19

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☒ No
- ☐ Yes. Specify each creditor, including this creditor,

Describe the lien

Is the creditor an insider or related party?

- ☒ No
- ☐ Yes

Is anyone else liable on this claim?

- ☒ No
- ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
- ☒ Unliquidated
- ☒ Disputed

2.2 Creditor's name
Northpoint Capital Partners, LLC

Describe debtor's property that is subject to a lien

Blanket Lien\$ Unknown\$ 0.00

Creditor's mailing address

6465 Wayzata Blvd.
Suite 650, Minneapolis, MN 55426

Creditor's email address, if known

Date debt was incurred 1/17/18

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☒ No
- ☐ Yes. Have you already specified the relative priority?
- ☐ No. Specify each creditor, including this creditor, and its relative priority.

Describe the lien

Is the creditor an insider or related party?

- ☒ No
- ☐ Yes

Is anyone else liable on this claim?

- ☒ No
- ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
- ☒ Unliquidated
- ☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.\$ 301,907.00

Debtor Neighborhood Radiology Management Services, LLC
NameCase number (if known) 1-22-41393**Part 1: Additional Page**

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.3 **Creditor's name**
Northpoint Commercial Credit, LLC**Describe debtor's property that is subject to a lien**Blanket Lien\$ Unknown\$ 0.00**Creditor's mailing address**6465 Wayzata Blvd.
Suite 760, Minneapolis, MN 55426**Creditor's email address, if known**
_____**Date debt was incurred** 12/27/17**Last 4 digits of account number** _____**Do multiple creditors have an interest in the same property?**

- ☒
- No
-
- ☐
- Yes. Have you already specified the relative priority?
-
- ☐
- No. Specify each creditor, including this creditor, and its relative priority.

- ☐
- Yes. The relative priority of creditors is specified on lines _____

Describe the lien
_____**Is the creditor an insider or related party?**

- ☒
- No
-
- ☐
- Yes

Is anyone else liable on this claim?

- ☐
- No
-
- ☒
- Yes. Fill out
- Schedule H: Codebtors*
- (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐
- Contingent
-
- ☒
- Unliquidated
-
- ☐
- Disputed

2.4 **Creditor's name**
Signature Financial LLC**Describe debtor's property that is subject to a lien**\$ 151,907.00\$ 0.00**Creditor's mailing address**225 Broadhollow Road
Suite 132W, Melville, NY 11747**Creditor's email address, if known**
_____**Date debt was incurred** 1/24/19**Last 4 digits of account number** _____**Do multiple creditors have an interest in the same property?**

- ☒
- No
-
- ☐
- Yes. Have you already specified the relative priority?
-
- ☐
- No. Specify each creditor, including this creditor, and its relative priority.

- ☐
- Yes. The relative priority of creditors is specified on lines _____

Describe the lien
_____**Is the creditor an insider or related party?**

- ☒
- No
-
- ☐
- Yes

Is anyone else liable on this claim?

- ☐
- No
-
- ☒
- Yes. Fill out
- Schedule H: Codebtors*
- (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Debtor Neighborhood Radiology Management Services, LLC
NameCase number (if known) 1-22-41393**Part 1: Additional Page**

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.5 **Creditor's name**
U.S. Small Business Administration**Describe debtor's property that is subject to a lien**All Assets\$150,000.00\$Undetermined**Creditor's mailing address**2 North Street
Suite 320, Birmingham, AL 35203**Creditor's email address, if known**
_____**Date debt was incurred** 06/14/2020**Last 4 digits of account number** _____**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.☐ Yes. The relative priority of creditors is specified on lines _____**Describe the lien**UCC**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).**As of the petition filing date, the claim is:**

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed**2.** **Creditor's name**
_____**Describe debtor's property that is subject to a lien**

\$ _____ \$ _____

Creditor's mailing address

_____**Creditor's email address, if known**
_____**Date debt was incurred** _____**Last 4 digits of account number** _____**Do multiple creditors have an interest in the same property?**☐ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.☐ Yes. The relative priority of creditors is specified on lines _____**Describe the lien**
_____**Is the creditor an insider or related party?**☐ No☐ Yes**Is anyone else liable on this claim?**☐ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).**As of the petition filing date, the claim is:**

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Fill in this information to identify the case:

Debtor Neighborhood Radiology Management Services, LLC

United States Bankruptcy Court for the: Eastern District of New York

Case number 1-22-41393
(If known)

☐ Check if this is an amended filing

Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

- ☒ No. Go to Part 2.
☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**2.1** Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____

Total claim**Priority amount**

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of **PRIORITY** unsecured claim: 11 U.S.C. § 507(a) (____)**2.2** Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of **PRIORITY** unsecured claim: 11 U.S.C. § 507(a) (____)**2.3** Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of **PRIORITY** unsecured claim: 11 U.S.C. § 507(a) (____)

Debtor

Neighborhood Radiology Management Services, LLC

Case number (if known) 1-22-41393

Name

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address 1-800 Notify 7950 NW 53rd St Ste 341 Miami, FL, 33166	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Noticing Purpose Only Date or dates debt was incurred _____ Last 4 digits of account number _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 0.00
3.2	Nonpriority creditor's name and mailing address 626 Holdings, LLC 1395 NW 17th Ave Ste 113-114 Delray Beach, FL, 33445	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Date or dates debt was incurred _____ Last 4 digits of account number _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 147,584.54
3.3	Nonpriority creditor's name and mailing address A.J. Richards & Sons, Inc. 150 Price Parkway Farmingdale, NY, 11735	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Rental Arrears Date or dates debt was incurred _____ Last 4 digits of account number _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 382,565.23
3.4	Nonpriority creditor's name and mailing address Abrams, Fensterman, LLP 3 DAKOTA DRIVE SUITE 300 LAKE SUCCESS, NY, 11042	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utility Services Date or dates debt was incurred _____ Last 4 digits of account number _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 297.00
3.5	Nonpriority creditor's name and mailing address Accurate Fire Equipment Corp. 251 Franklin Avenue Franklin Square, NY, 11010	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Noticing Purpose Only Date or dates debt was incurred _____ Last 4 digits of account number _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 0.00
3.6	Nonpriority creditor's name and mailing address Advanced imaging Review 26 Gladwin Street Staten Island, NY, 10309	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Noticing Purpose Only Date or dates debt was incurred _____ Last 4 digits of account number _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 0.00

Debtor

Neighborhood Radiology Management Services, LLC

Case number (if known) 1-22-41393

Name

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.⁷ Nonpriority creditor's name and mailing address

Advocate
Attn: Jigar Patel
10567 Sawmill Pkwy, Suite 100
Powell, OH, 43065

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 59,618.90

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.⁸ Nonpriority creditor's name and mailing address

Alpha Medical Equipment of N.Y., Inc.
10-12 Pine Court

New Rochelle, NY, 10801

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 334,221.05

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.⁹ Nonpriority creditor's name and mailing address

AME Ultrasounds
6033 NE 61st Street

Seattle, WA, 98115

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0.00

Basis for the claim: Noticing Purpose Only

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.¹⁰ Nonpriority creditor's name and mailing address

America's Imaging Center, Inc.
113-02 Queens Blvd.

Forest Hills, NY, 11375

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

\$ 0.00

Basis for the claim: Noticing Purpose Only

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.¹¹ Nonpriority creditor's name and mailing address

America's Imaging Center, Inc.
113-02 Queens Blvd.

Forest Hills, NY, 11375

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

\$ 0.00

Basis for the claim: Noticing Purpose Only

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Debtor

Neighborhood Radiology Management Services, LLC

Case number (if known) 1-22-41393

Name

Part 2: Additional Page

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Amount of claim

3. ¹² Nonpriority creditor's name and mailing address

Approved Storage and Waste
110 Edison Avenue

Mount Vernon, NY, 10550

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,292.27

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹³ Nonpriority creditor's name and mailing address

Astarita Associates
414 Route 111

Smithtown, NY, 11787

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 17,460.42

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹⁴ Nonpriority creditor's name and mailing address

Availity/RealMed
PO Box 844793

Dallas, TX, 75284-4793

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0.00

Basis for the claim: Noticing Purpose Only

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹⁵ Nonpriority creditor's name and mailing address

Beekley Medical
One Prestige Lane

Bristol, CT, 6010

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,625.35

Basis for the claim: Utility Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹⁶ Nonpriority creditor's name and mailing address

BP Air Conditioning Cor.
83-40 72nd Drive

Glendale, NY, 11385

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 2,762.23

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Debtor

Neighborhood Radiology Management Services, LLC

Case number (if known) 1-22-41393

Name

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹⁷ Nonpriority creditor's name and mailing address

Chubb
55 Water Street

New York, NY, 10041

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 57,771.74

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹⁸ Nonpriority creditor's name and mailing address

Cleanco Distributors Inc
110 Bi-County Boulevard

Farmingdale, NY, 11735

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,542.35

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹⁹ Nonpriority creditor's name and mailing address

CNA Insurance
PO Box 6065-02

Hermitage, PA, 16148

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 17,053.50

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ²⁰ Nonpriority creditor's name and mailing address

Comtron
11 Grace Avenue
Suite 208
Great Neck, NY, 11021

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,341.50

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ²¹ Nonpriority creditor's name and mailing address

Consolidate Edison Comp of NY Inc.
4 Irving Place RM 1875
attn: Bankruptcy Dept.
New York, NY, 10003

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 2,333.50

Basis for the claim: Utilities

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number 21-1648-2248-120

Debtor

Neighborhood Radiology Management Services, LLC

Case number (if known) 1-22-41393

Name

Part 2: Additional Page

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Amount of claim

3. ²² Nonpriority creditor's name and mailing address

Consolidate Edison Comp of NY Inc.
4 Irving Place RM 1875
attn: Bankruptcy Dept.
New York, NY, 10003

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 26,464.87

Basis for the claim: Utilities

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number 148-0005-7

3. ²³ Nonpriority creditor's name and mailing address

Consolidate Edison Comp of NY Inc.
4 Irving Place RM 1875
attn: Bankruptcy Dept.
New York, NY, 10003

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 89,794.15

Basis for the claim: Utilities

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number 0005-9

3. ²⁴ Nonpriority creditor's name and mailing address

Consolidate Edison Comp of NY Inc.
4 Irving Place RM 1875
attn: Bankruptcy Dept.
New York, NY, 10003

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 2,157.66

Basis for the claim: Utilities

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3. ²⁵ Nonpriority creditor's name and mailing address

Consolidate Edison Comp of NY Inc.
4 Irving Place RM 1875
attn: Bankruptcy Dept.
New York, NY, 10003

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 229.31

Basis for the claim: Utilities

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3. ²⁶ Nonpriority creditor's name and mailing address

Consolidate Edison Comp of NY Inc.
4 Irving Place RM 1875
attn: Bankruptcy Dept.
New York, NY, 10003

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 89,847.80

Basis for the claim: Utilities

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number 0202-2

Debtor

Neighborhood Radiology Management Services, LLC

Case number (if known) 1-22-41393

Name

Part 2: Additional Page

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Amount of claim

3. ²⁷ Nonpriority creditor's name and mailing address

Consolidate Edison Comp of NY Inc.
4 Irving Place RM 1875
attn: Bankruptcy Dept.
New York, NY, 10003

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 47,170.57

Basis for the claim: Utilities

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ²⁸ Nonpriority creditor's name and mailing address

Danziger & Markhoff LLP
1133 Westchester Avenue
Suite N208
White Plains, NY, 10604

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 26,171.25

Basis for the claim: Legal Fees

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ²⁹ Nonpriority creditor's name and mailing address

De Lage Landen Financial
PO Box 41602

Philadelphia, PA, 19101

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 2,871.94

Basis for the claim: Credit Card Debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ³⁰ Nonpriority creditor's name and mailing address

Del Prete And Cheng LLP
111 Atlantic Avenue

Brooklyn, NY, 11201

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 500.00

Basis for the claim: Legal Fees

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ³¹ Nonpriority creditor's name and mailing address

Dream Think Imagine, Inc
170 Bradley Rd
Ste 14
Arden, NC, 28704

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0.00

Basis for the claim: Noticing Purpose Only

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Debtor

Neighborhood Radiology Management Services, LLC

Name

Case number (if known) 1-22-41393

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ³² Nonpriority creditor's name and mailing address

eClinicalWorks
PO Box 847950

Boston, MA, 2284

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 619.50

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ³³ Nonpriority creditor's name and mailing address

EDM Medical Solutions
1947 NE 147th Terrace

Miami, FL, 33181

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 297.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ³⁴ Nonpriority creditor's name and mailing address

Empire Water
46 Cain Drive

Plainview, NY, 11803

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0.00

Basis for the claim: Noticing Purpose Only

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ³⁵ Nonpriority creditor's name and mailing address

Fedex
PO Box 371461

Pittsburgh, PA, 15250

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 71.69

Basis for the claim: Credit Card Debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ³⁶ Nonpriority creditor's name and mailing address

GE Healthcare Inc
P.O. BOX 640200

Pittsburgh, PA, 15264

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 13,554.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Debtor

Neighborhood Radiology Management Services, LLC

Name

Case number (if known) 1-22-41393

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ³⁷ Nonpriority creditor's name and mailing address

GE Healthcare-Pharmacy RLS USA INC
PO Box 640200

Pittsburgh, PA, 15264

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 64,552.46

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ³⁸ Nonpriority creditor's name and mailing address

General Welding Supply Corp
600 Shames Drive

Westbury, NY, 11590

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 39.11

Basis for the claim: Credit Card Debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ³⁹ Nonpriority creditor's name and mailing address

Gerald J Wilkoff, Inc.
P O Box 142

Mineola, NY, 11501-0142

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0.00

Basis for the claim: Noticing Purpose Only

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁴⁰ Nonpriority creditor's name and mailing address

GMM Services LLC
68 CASTLEWOOD TRAIL

Sparta, NJ, 7871

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 6,292.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁴¹ Nonpriority creditor's name and mailing address

GreenBills LLC
345 E 77th Street

New York, NY, 10075

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 18,680.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Debtor

Neighborhood Radiology Management Services, LLC

Name

Case number (if known) 1-22-41393

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁴² Nonpriority creditor's name and mailing address

Guardian
PO Box 824404

Philadelphia, PA, 19182-4404

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0.00

Basis for the claim: Noticing Purpose Only

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁴³ Nonpriority creditor's name and mailing address

Guerbet LLC
214 Carnegie Center, Suite 300

Princeton, NJ, 8540

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 40,143.81

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁴⁴ Nonpriority creditor's name and mailing address

Handi-Lift Service Company Inc
730 Garden Street

Carlstadt, NJ, 7072

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0.00

Basis for the claim: Noticing Purpose Only

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁴⁵ Nonpriority creditor's name and mailing address

Henry Schein
Box 371952

Pittsburgh, PA, 15250-7952

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 14,285.39

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁴⁶ Nonpriority creditor's name and mailing address

Hologic Inc
250 Campus Drive

Marlborough, MA, 01752

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 74,146.24

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Debtor

Neighborhood Radiology Management Services, LLC

Name

Case number (if known) 1-22-41393

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁴⁷ Nonpriority creditor's name and mailing address

Horing Welikson Rosen & Digrigilliers PC
11 Hillside Avenue

Williston Park, NY, 11596

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 2,160.00

Basis for the claim: Legal Fees

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁴⁸ Nonpriority creditor's name and mailing address

Horizon 27-47 Crescent, LLC
c/o Douglaston Realty Mgmt Corp
42-01 235th Street
Douglaston, NY, 11363

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0.00

Basis for the claim: Noticing Purpose Only

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁴⁹ Nonpriority creditor's name and mailing address

Imported From Florida
Apt 8

Oakland Gardens, NY, 11364

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 2,593.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁵⁰ Nonpriority creditor's name and mailing address

Integrated Document Solutions
3511 West Commercial Blvd

Fort Lauderdale, FL, 33309

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0.00

Basis for the claim: Noticing Purpose Only

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁵¹ Nonpriority creditor's name and mailing address

iPro IT LLC
215-15 Northern Blvd

Bayside, NY, 11361

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0.00

Basis for the claim: Noticing Purpose Only

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Debtor

Neighborhood Radiology Management Services, LLC

Name

Case number (if known) 1-22-41393

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.⁵² Nonpriority creditor's name and mailing address

Jack Jaffa & Associates
147 Prince Street

Brooklyn, NY, 11231

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0.00

Basis for the claim: Noticing Purpose Only

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.⁵³ Nonpriority creditor's name and mailing address

Jackson Lewis PC
44 South Broadway

White Plains, NY, 10601

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 46.22

Basis for the claim: Legal Fees

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.⁵⁴ Nonpriority creditor's name and mailing address

JM Cleaning Services
55 Windsor Avenue

Rockville Centre, NY, 11570

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 2,609.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.⁵⁵ Nonpriority creditor's name and mailing address

Johnson Controls Security
PO Box 371967

Pittsburgh, PA, 15250-7967

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0.00

Basis for the claim: Noticing Purpose Only

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.⁵⁶ Nonpriority creditor's name and mailing address

Karl's Plumbing and Heating Inc.
97-22 Metropolitan aVenue

Forest Hills, NY, 11375

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 871.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Debtor

Neighborhood Radiology Management Services, LLC

Case number (if known) 1-22-41393

Name

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.⁵⁷ Nonpriority creditor's name and mailing address

Kaufman Dolowich Voluck, LLP
135 Crossways Park Drive
Ste 201
Woodbury, NY, 11797

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 12,398.50

Basis for the claim: Legal Fees

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.⁵⁸ Nonpriority creditor's name and mailing address

Landauer
PO Box 809051

Chicago, IL, 60680

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,898.98

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.⁵⁹ Nonpriority creditor's name and mailing address

Lester Schwab Katz & Dwyer, LLP
100 Wall Street

New York, NY, 10005-3701

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 2,000.00

Basis for the claim: Legal Fees

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.⁶⁰ Nonpriority creditor's name and mailing address

Liberty
PO Box 371332

Pittsburgh, PA, 15250

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0.00

Basis for the claim: Noticing Purpose Only

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.⁶¹ Nonpriority creditor's name and mailing address

Lightower- LIR
PO Box 28730

New York, NY, 10087

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 8,275.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Debtor

Neighborhood Radiology Management Services, LLC

Case number (if known) 1-22-41393

Name

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁶² Nonpriority creditor's name and mailing address

Lighttower-NRS-FH CROWN
PO Box 28730

New York, NY, 10087-8730

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 23,832.75

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁶³ Nonpriority creditor's name and mailing address

Luxaire

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0.00

Basis for the claim: Noticing Purpose Only

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁶⁴ Nonpriority creditor's name and mailing address

Magic Pest Management
59-01 Kissena Blvd

Flushing, NY, 11355

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 413.72

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁶⁵ Nonpriority creditor's name and mailing address

Map Communications
PO Box 95117

Chicago, IL, 60694

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0.00

Basis for the claim: Noticing Purpose Only

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁶⁶ Nonpriority creditor's name and mailing address

Marvins Messenger Service

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0.00

Basis for the claim: Noticing Purpose Only

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Debtor

Neighborhood Radiology Management Services, LLC

Case number (if known) 1-22-41393

Name

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁶⁷ Nonpriority creditor's name and mailing address

Matthijssen Business Systems
PO Box 508

Cedar Knolls, NJ, 7927

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 2,301.90

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁶⁸ Nonpriority creditor's name and mailing address

Mazars USA LLP
60 Crossways Park Drive West
Suite 301
Woodbury, NY, 11797

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0.00

Basis for the claim: Noticing Purpose Only

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁶⁹ Nonpriority creditor's name and mailing address

MED EXCHANGE INTERNATIONAL INC.
127 RAMAH CIR

Agawam, MA, 1001

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0.00

Basis for the claim: Noticing Purpose Only

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁷⁰ Nonpriority creditor's name and mailing address

Merit Medical Systems Inc.
PO Box 204842

Dallas, TX, 75320

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 2,301.90

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁷¹ Nonpriority creditor's name and mailing address

Mintz Levin
Chrysler Center
666 Third Avenue
New York, NY, 10017

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 256,518.46

Basis for the claim: Legal Fees

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Debtor

Neighborhood Radiology Management Services, LLC

Case number (if known) 1-22-41393

Name

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.⁷² Nonpriority creditor's name and mailing address

MLMIC Insurance Company
2 Park Avenue

New York, NY, 10016

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 388,139.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.⁷³ Nonpriority creditor's name and mailing address

MR. T Carting Corp
7310 Edsall Ave

Glendale, NY, 11385-8220

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,757.55

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.⁷⁴ Nonpriority creditor's name and mailing address

National Grid-48695
PO Box 11741

Newark, NJ, 07101-9839

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,011.72

Basis for the claim: Utilities

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.⁷⁵ Nonpriority creditor's name and mailing address

Nuance
PO Box 7247-6924

Philadelphia, PA, 19170

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0.00

Basis for the claim: Noticing Purpose Only

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.⁷⁶ Nonpriority creditor's name and mailing address

Otis Elevator
PO Box 13716

Newark, NJ, 07188-0716

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 3,228.96

Basis for the claim: Utilities

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Debtor

Neighborhood Radiology Management Services, LLC

Name

Case number (if known) 1-22-41393

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.⁷⁷ Nonpriority creditor's name and mailing address

Payam Toobian, M.D.
9 Villa Street

Roslyn Heights, NY, 11577

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

\$ Unknown

Basis for the claim: Noticing Purpose Only

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.⁷⁸ Nonpriority creditor's name and mailing address

Payam Toobian, M.D.
9 Villa Street

Roslyn Heights, NY, 11577

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

\$ Unknown

Basis for the claim: Noticing Purpose Only

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.⁷⁹ Nonpriority creditor's name and mailing address

Petrone Associates, LLC
728 Castlelon Avenue

Staten Island, NY, 10310

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0.00

Basis for the claim: Noticing Purpose Only

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.⁸⁰ Nonpriority creditor's name and mailing address

Practice Fusion
24630 Network Place

Chicago, IL, 60673-124

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 11,830.00

Basis for the claim: Utilities

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.⁸¹ Nonpriority creditor's name and mailing address

PROPIO LANGUAGE SERVICES
P O BOX 12204

Overland Park, KS, 66282-22404

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,185.84

Basis for the claim: Utilities

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Debtor

Neighborhood Radiology Management Services, LLC

Name

Case number (if known) 1-22-41393

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.⁸² Nonpriority creditor's name and mailing addressPSEGLI 1090410401
PO Box 888

Hicksville, NY, 11802

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0.00

Basis for the claim: Utilities

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.⁸³ Nonpriority creditor's name and mailing addressPSEGLI 1131201001
PO box 888

Hicksville, NY, 11802

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0.00

Basis for the claim: Utilities

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.⁸⁴ Nonpriority creditor's name and mailing addressPSEGLI 1131201212
PO box 888

Hicksville, NY, 11802

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0.00

Basis for the claim: Utilities

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.⁸⁵ Nonpriority creditor's name and mailing addressPSEGLI 1131201404
PO Box 888

Hicksville, NY, 11802

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0.00

Basis for the claim: Utilities

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.⁸⁶ Nonpriority creditor's name and mailing addressQUENCH USA
PO BOX 781393

Philadelphia, PA, 11003

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,253.04

Basis for the claim: Utilities

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Debtor

Neighborhood Radiology Management Services, LLC

Case number (if known) 1-22-41393

Name

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.⁸⁷ Nonpriority creditor's name and mailing address

RADLINX
2305 19th Avenue
Altoona, PA, 16601

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 9,169.00

Basis for the claim: Utilities

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.⁸⁸ Nonpriority creditor's name and mailing address

RCN
PO BOX 11816
Newark, NJ, 07101-8116

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 59.69

Basis for the claim: Utilities

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.⁸⁹ Nonpriority creditor's name and mailing address

Reflex Offset
305 Suburban Avenue
Deer Park, NY, 11729

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 3,247.89

Basis for the claim: Credit Card Debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.⁹⁰ Nonpriority creditor's name and mailing address

Ride Ride Transportation -NRS FH
22-06 Crescent Street
Astoria, NY, 11105

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 23,412.16

Basis for the claim: Utilities

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.⁹¹ Nonpriority creditor's name and mailing address

Ride Ride Transportation- NRS ASTORIA
22-06 Crescent St.
Astoria, NY, 11105

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 8,232.36

Basis for the claim: Utilities

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Debtor

Neighborhood Radiology Management Services, LLC

Name

Case number (if known) 1-22-41393

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.⁹² Nonpriority creditor's name and mailing address

Ride Rite Transportation - Empire
23-90 23 Street

Astoria, NY, 11105

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 22,353.60

Basis for the claim: Utilities

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.⁹³ Nonpriority creditor's name and mailing address

RingCentral Inc
20 Davis Drive

Belmont, CA, 94002

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 28,532.50

Basis for the claim: Utilities

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.⁹⁴ Nonpriority creditor's name and mailing address

RivkinRadler
926 RXR Plaza

Uniondale, NY, 11556

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 9,022.01

Basis for the claim: Legal Fees

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.⁹⁵ Nonpriority creditor's name and mailing address

Robinsons Oxygen & Medical Gases
920-14 Lincoln Avenue

Holbrook, NY, 11741

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 84.59

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.⁹⁶ Nonpriority creditor's name and mailing address

ScriptSender
319 Clematis St
Ste 406
West Palm Beach, FL, 33401

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 60,187.50

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Debtor

Neighborhood Radiology Management Services, LLC

Case number (if known) 1-22-41393

Name

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.⁹⁷ Nonpriority creditor's name and mailing address

Sheathing Technologies, Inc.
675 Jarvis Drive

Morgan Hill, CA, 95037

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 117.31

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.⁹⁸ Nonpriority creditor's name and mailing address

Siemens Financial Services, Inc.
170 Wood Ave. South

Iselin, NJ, 8830

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

\$ 0.00

Basis for the claim: Noticing Purpose Only

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.⁹⁹ Nonpriority creditor's name and mailing address

Siemens Financial Services, Inc.
170 Wood Ave. South

Iselin, NJ, 8830

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

\$ 620,246.36

Basis for the claim: Guaranty of NRMS Greenpoint Realty, LLC Loan

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.¹⁰⁰ Nonpriority creditor's name and mailing address

Siemens Financial Services, Inc.
170 Wood Avenue South
Iselin, NJ, 08830

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 562,475.13

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred 12/17/18

Last 4 digits of account number 39239-58800

3.¹⁰¹ Nonpriority creditor's name and mailing address

Siemens Financial Services, Inc.
170 Wood Avenue South
Iselin, NJ, 08830

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 282,561.08

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred 12/17/18

Last 4 digits of account number 20001069

Debtor

Neighborhood Radiology Management Services, LLC

Case number (if known) 1-22-41393

Name

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹⁰² Nonpriority creditor's name and mailing address

Siemens Medical Solutions, Inc.
40 Liberty Blvd.

Malvern, PA, 19355

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0.00

Basis for the claim: Noticing Purpose Only

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹⁰³ Nonpriority creditor's name and mailing address

Sigma Imaging Technologies, Inc.
400 Highland Drive
Suite 400B
Mount Holly, NJ, 8060

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

\$ 271,610.09

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹⁰⁴ Nonpriority creditor's name and mailing address

Slomin's
125 Lauman Lane
PO Box 1886
Hicksville, NY, 11802

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 413.53

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹⁰⁵ Nonpriority creditor's name and mailing address

Staples Advantage
Dept NY
P.O. Box 415256
Boston, MA, 02241-5256

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,228.76

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹⁰⁶ Nonpriority creditor's name and mailing address

Stein Adler Dabah Zekowitz LLP
1633 Broadway
46th Floor
New York, NY, 10019

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 8,698.67

Basis for the claim: Legal Fees

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Debtor

Neighborhood Radiology Management Services, LLC

Case number (if known) 1-22-41393

Name

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹⁰⁷ Nonpriority creditor's name and mailing address

Stericycle Inc
28883 Network Place

Chicago, IL, 60673

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 416.29

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹⁰⁸ Nonpriority creditor's name and mailing address

Streamline Verify LLC
Streamline HR Management LLC
100 Boulevard of the Americas
Lakewood, NJ, 8701

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,300.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹⁰⁹ Nonpriority creditor's name and mailing address

Superior HVAC
200-28 Hollis Ave

St. Albans, NY, 11412

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,888.44

Basis for the claim: Utilities

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹¹⁰ Nonpriority creditor's name and mailing address

Sylvan Parking
112-41 Queens Blvd

Forest Hills, NY, 11375

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 3,456.00

Basis for the claim: Credit Card Debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹¹¹ Nonpriority creditor's name and mailing address

Taansolutions, LLC
309 Hannah Way

Bridgewater, NJ, 8807

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 13,225.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Debtor

Neighborhood Radiology Management Services, LLC

Name

Case number (if known) 1-22-41393

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹¹² Nonpriority creditor's name and mailing address

Te Tile
131-47 Fowler Avenue
Flushing, NY, 11335

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0.00

Basis for the claim: Noticing Purpose Only

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹¹³ Nonpriority creditor's name and mailing address

Telworx Communications
800 Westchester Avenue
Rye Brook, NY, 10573

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0.00

Basis for the claim: Noticing Purpose Only

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹¹⁴ Nonpriority creditor's name and mailing address

Tierpoint LLC
PO Box 82670
Lincoln, NE, 68501

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0.00

Basis for the claim: Noticing Purpose Only

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹¹⁵ Nonpriority creditor's name and mailing address

Tiger Connect
2110 Broadway
Santa Monica, CA, 90404

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 2,279.36

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹¹⁶ Nonpriority creditor's name and mailing address

TIS International USA - Inflix Healthcare
PO Box 7109
San Francisco, CA, 94120

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 10,544.80

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Debtor

Neighborhood Radiology Management Services, LLC

Name

Case number (if known) 1-22-41393

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹¹⁷ Nonpriority creditor's name and mailing address

Trechit Solutions LLC
PO box 2895

Aquebogue, NY, 11931

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 2,500.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹¹⁸ Nonpriority creditor's name and mailing address

Ultrasound Solutions Corp
123 Comac Street

Ronkonkoma, NY, 11779

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 375.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹¹⁹ Nonpriority creditor's name and mailing address

United Benefit Solutions LLC
100 Merrick Road

Rockville Centre, NY, 11570

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,000.00

Basis for the claim: Credit Card Debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹²⁰ Nonpriority creditor's name and mailing address

Unitex - 4020
155 South Terrace Ave

Mt. Vernon, NY, 1550-2407

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 919.10

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹²¹ Nonpriority creditor's name and mailing address

UNITEX - 71259
155 South Terrace Ave

Mt. Vernon, NY, 1550-2407

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,756.61

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Debtor

Neighborhood Radiology Management Services, LLC

Case number (if known) 1-22-41393

Name

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹²² Nonpriority creditor's name and mailing address

UNITEX - 71423
155 South Terrace Ave
Mt. Vernon, NY, 10550-2407

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 826.96

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹²³ Nonpriority creditor's name and mailing address

Unitex - 71551
155 South Terrace Ave
Mt. Vernon, NY, 10550-2407

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 124.50

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹²⁴ Nonpriority creditor's name and mailing address

Unitex - 71558
155 South Terrace Ave
Mt. Vernon, NY, 1550-2407

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 277.49

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹²⁵ Nonpriority creditor's name and mailing address

Unitex Textile -70972
155 South Terrace Ave.
Mt. Vernon, NY, 10550-2407

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,279.30

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹²⁶ Nonpriority creditor's name and mailing address

USSONO
3975 57th Street Apt. 7E
Woodside, NY, 11377

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 2,600.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Debtor

Neighborhood Radiology Management Services, LLC

Case number (if known) 1-22-41393

Name

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹²⁷ Nonpriority creditor's name and mailing address

VANGUARD CLEANING
dba Vanguard Cleaning Systems of LI
67 Buck Road Suite B-45
Huntingdon Valley, PA, 19006

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 5,661.52

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹²⁸ Nonpriority creditor's name and mailing address

VERIZON 654-434-349-0001-90
P.O. BOX 15124

Albany, NY, 12212-5124

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 5,193.98

Basis for the claim: Utilities

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹²⁹ Nonpriority creditor's name and mailing address

Verizon 756-083-030-0001-21
P.O. BOX 15124

Albany, NY, 12212

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,587.75

Basis for the claim: Utilities

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹³⁰ Nonpriority creditor's name and mailing address

VERSANT MEDICAL PHYSICS & RADIATION
SAFET
119 N CHURCH STREET

Kalamazoo, MI, 49007

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 875.00

Basis for the claim: Utilities

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹³¹ Nonpriority creditor's name and mailing address

Water Authority
PO Box 5600

New Hyde Park, NY, 11042

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 231.69

Basis for the claim: Utilities

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Debtor

Neighborhood Radiology Management Services, LLC

Case number (if known) 1-22-41393

Name

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹³² Nonpriority creditor's name and mailing address

WATERLOGIC AMERICAS
P O BOX 677867

Dallas, TX, 75267-7867

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 162.98

Basis for the claim: Utilities

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹³³ Nonpriority creditor's name and mailing address

WILLIAM JORGENSON
MASSAPEQUA PARK

New York, NY, 11762

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 3,045.00

Basis for the claim: Utilities

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹³⁴ Nonpriority creditor's name and mailing address

XChange Telecom Corp
P O Box 189112

Brooklyn, NY, 11218

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 4,057.85

Basis for the claim: Utilities

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Debtor Neighborhood Radiology Management Services, LLC
NameCase number (if known) 1-22-41393**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims****5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts**5a. **Total claims from Part 1**

5a.

\$ 0.00

5b. **Total claims from Part 2**

5b.

+

\$ 4,249,221.72

5c. **Total of Parts 1 and 2**

5c.

\$ 4,249,221.72

Lines 5a + 5b = 5c.

Fill in this information to identify the case:Debtor name Neighborhood Radiology Management Services, LLCUnited States Bankruptcy Court for the: Eastern District of New YorkCase number (if known): 1-22-41393Chapter 11☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15**

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1	State what the contract or lease is for and the nature of the debtor's interest	Utility Provider (Phone)	Ring Central 20 Davis Drive Belmont, CA, 94002
	State the term remaining List the contract number of any government contract	12 months	
2.2	State what the contract or lease is for and the nature of the debtor's interest	Medical Billing Services	Advocate Radiology Billing & Reimbursement Specialists, LLC 10567 Sawmill Pkwy, Suite 100 Powell, OH, 43065
	State the term remaining List the contract number of any government contract		
2.3	State what the contract or lease is for and the nature of the debtor's interest	Equipment Usage & Service Agreement	Hologic, Inc. 250 Campus Drive Marlborough, MA, 01752
	State the term remaining List the contract number of any government contract		
2.4	State what the contract or lease is for and the nature of the debtor's interest	Equipment Lease	Matthijssen Business Systems 57 West 38th Street, 12th Floor New York, NY, 10018
	State the term remaining List the contract number of any government contract		
2.5	State what the contract or lease is for and the nature of the debtor's interest	Radiology Platform Integration Agreement	Practice Fusion, Inc. 731 Market Street, Suite 400 San Francisco, CA, 94103
	State the term remaining List the contract number of any government contract		

Debtor

Neighborhood Radiology Management Services, LLC
Name

Case number (if known) 1-22-41393

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.6	Interface Vendor Agreement State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	eClinicalWorks Westborough Executive Park 2 Technology Drive Westborough, MA, 01581
2.7	Utility Provider State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Crown Castle c/o Lighttower Fiber Networks II, LLC PO Box 28730 New York, NY, 10087
2.8	Utility Provider State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Crown Castle c/o Lighttower Fiber Networks II, LLC PO Box 28730 New York, NY, 10087
2.9	Utility Provider State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Crown Castle c/o Lighttower Fiber Networks II, LLC PO Box 28730 New York, NY, 10087
2.10	Utility Provider (227 Franklin Avenue, Hewlett) State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Otis Elevator Company 65 Fairchild Avenue Plainview, NY, 11803
2.11	Utility Provider (113-02 Queens Blvd, Forest Hills) State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Otis Elevator Company 65 Fairchild Avenue Plainview, NY, 11803
2.12	Utility Provider State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Propio LS, LLC P O Box 12204 Shawnee Mission, KS, 66282

Debtor

Neighborhood Radiology Management Services, LLC
Name

Case number (if known) 1-22-41393

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease****Equipment Lease**USC Ultrasound
123 Comac Street
Ronkonkoma, NY, 11779

2.13

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining
List the contract number of any government contract**Lease of Office Premises**A.J. Richards & Sons, Inc.
150 Price Parkway
Farmingdale, NY, 11735

2.14

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining
List the contract number of any government contract**Utility Provider**Lighttower a Crown Castle Company
PO Box 28730
New York, NY, 10087

2.15

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining
List the contract number of any government contract

2.____

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining
List the contract number of any government contract

2.____

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining
List the contract number of any government contract

2.____

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining
List the contract number of any government contract

2.____

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining
List the contract number of any government contract

Fill in this information to identify the case:Debtor name Neighborhood Radiology Management Services, LLCUnited States Bankruptcy Court for the: Eastern District of New YorkCase number (If known): 1-22-41393☐ Check if this is an amended filing**Official Form 206H****Schedule H: Codebtors****12/15****Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.****1. Does the debtor have any codebtors?**☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the code debtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1 Neighborhood Radiology Services PC	Neighborhood Radiology Services PC 113-02 Queens Blvd Forest Hills, NY 11375	Siemens Financial Service	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.2 Neighborhood Radiol	Neighborhood Radiology Services, PC 113-02 Queens Blvd Forest Hills, NY 11375	Siemens Financial Service	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.3 Long Island Radiolog	Long Island Radiology Associates, P.C. 545 Elmont Road Elmont, NY 11003	Signature Financial LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 CDP Holdings Group	CDP Holdings Group, LLC 113-02 Queens Blvd Forest Hills, NY 11375	Signature Financial LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5 Neighborhood Radiol	Neighborhood Radiology Services, PC 113-02 Queens Blvd Forest Hills, NY 11375	Signature Financial LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6 Radiology Works, P.C	Radiology Works, P.C. 545 Elmont Road New York, NY 10033	Signature Financial LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor

Neighborhood Radiology Management Services, LLC
NameCase number (if known) 1-22-41393**Additional Page if Debtor Has More Codebtors****Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2. <u>7</u> Dr. Rossi, M.D., P.C.	Dr. Rossi, M.D., P.C. 545 Elmont Road 11003, NY	Signature Financial LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. <u>8</u> CDP Holdings Group, LLC	CDP Holdings Group, LLC 113-02 Queens Blvd Forest Hills, NY 11375	Northpoint Commercial Credit, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. <u>9</u> NRMS Greenpoint Realty, LLC		Siemens Financial Services, Inc.	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2. ____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. ____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. ____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. ____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. ____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case and this filing:Debtor Name Neighborhood Radiology Management Services, LLCUnited States Bankruptcy Court for the: Eastern District of New YorkCase number (If known): 1-22-41393**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 07/14/2022
MM / DD / YYYY

 /s/ Daniel DiPietro

Signature of individual signing on behalf of debtor

Daniel DiPietro

Printed name

Manager

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Neighborhood Radiology Management Services, LLC

United States Bankruptcy Court for the: Eastern District of New York

Case number (if known): 1-22-41393

☐ Check if this is an amended filing

Official Form 207**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2022 to Filing date
MM / DD / YYYY

☒ Operating a business
☐ Other

\$ 304,750.00

For prior year:

From 01/01/2021 to 12/31/2021
MM / DD / YYYY

☒ Operating a business
☐ Other

\$ 2,513,410.00

For the year before that:

From 01/01/2020 to 12/31/2020
MM / DD / YYYY

☒ Operating a business
☐ Other

\$ 3,205,300.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2022 to Filing date
MM / DD / YYYY

\$ 0.00

For prior year:

From 01/01/2021 to 12/31/2021
MM / DD / YYYY

\$ 0.00

For the year before that:

From 01/01/2020 to 12/31/2020
MM / DD / YYYY

\$ 0.00

Debtor Neighborhood Radiology Management Services, LLC
Name

Case number (if known) 1-22-41393

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/23 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Capital One Bank Creditor's name		\$ 14,532.70	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other
3.2. Advocate Creditor's name		\$ 39,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. Daniel DiPietro Insider's name 113-02 Queens Blvd Forest Hills, NY 11375	8/20/2021	\$ 3,000.00	Loan Repayment
Relationship to debtor Managing Member			
4.2. Insider's name		\$	
Relationship to debtor			

Debtor Neighborhood Radiology Management Services, LLC
Name _____

Case number (if known) 1-22-41393 _____

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Custodian's name and address	Description of the property	Value
_____	_____	\$ _____
Custodian's name	Case title	Court name and address
_____	_____	_____
Case number	Name	_____
_____	Date of order or assignment	_____
_____	_____	_____

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. _____	_____	_____	\$ _____
Recipient's name	_____	_____	\$ _____
Recipient's relationship to debtor	_____	_____	\$ _____
_____	_____	_____	\$ _____
9.2. _____	_____	_____	\$ _____
Recipient's name	_____	_____	\$ _____
Recipient's relationship to debtor	_____	_____	\$ _____
_____	_____	_____	\$ _____

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Date of loss	Value of property lost
_____	_____	_____	\$ _____

Debtor Neighborhood Radiology Management Services, LLC
Name

Case number (if known) 1-22-41393

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☒ None

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1. _____ Address		_____	\$ _____

Email or website address

Who made the payment, if not debtor?

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2. _____ Address		_____	\$ _____

Email or website address

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
_____ Trustee		_____	\$ _____

Debtor Neighborhood Radiology Management Services, LLC
Name

Case number (if known) 1-22-41393

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1. <u>Dimitri N Kessaris MD PC dba Progressive Ur</u>	Sale of Astoria Lease	<u>08/01/2021</u>	\$ <u>0.00</u>

Address

Relationship to debtor

None

Who received transfer?

13.2. _____

Address

Relationship to debtor

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy	
14.1. <u>27-47 Crescent Street, Suite 107</u> <u>Astoria, NY 11102</u>	From _____	To _____
14.2. <u>545 Elmont Road</u> <u>Elmont, NY 11003</u>	From _____	To _____

Debtor Neighborhood Radiology Management Services, LLC
Name

Case number (if known) 1-22-41393

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

15.1.

Facility name

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- ☐ Electronically
☐ Paper

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

15.2.

Facility name

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- ☐ Electronically
☐ Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☒ No.
☐ Yes. State the nature of the information collected and retained. _____

Does the debtor have a privacy policy about that information?

- ☐ No
☐ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
 Yes. Does the debtor serve as plan administrator?

- ☐ No. Go to Part 10.
☐ Yes. Fill in below:

Name of plan

Employer identification number of the plan

EIN: _____

Has the plan been terminated?

- ☐ No
☐ Yes

Debtor Neighborhood Radiology Management Services, LLC
NameCase number (if known) 1-22-41393**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

	Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	<u>Name</u>	XXXX- <u></u>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other <u></u>	<u></u>	\$ <u></u>
18.2.	<u>Name</u>	XXXX- <u></u>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other <u></u>	<u></u>	\$ <u></u>

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
<u>Name</u>			<input type="checkbox"/> No <input type="checkbox"/> Yes
<u>Address</u>			

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
<u>Name</u>			<input type="checkbox"/> No <input type="checkbox"/> Yes
<u>Address</u>			

Debtor Neighborhood Radiology Management Services, LLC
NameCase number (if known) 1-22-41393**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Owner's name and address

Location of the property

Description of the property

Value

\$ _____

Name

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No

☐ Yes. Provide details below.

Case title

Court or agency name and address

Nature of the case

Status of case

Case number

Name

☐ Pending

☐ On appeal

☐ Concluded

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

☒ No

☐ Yes. Provide details below.

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

Name

Name

Debtor Neighborhood Radiology Management Services, LLC
Name

Case number (if known) 1-22-41393

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. <u>Name</u>		EIN: _____ Dates business existed From _____ To _____
25.2. <u>Name</u>		EIN: _____ Dates business existed From _____ To _____
25.3. <u>Name</u>		EIN: _____ Dates business existed From _____ To _____

Debtor Neighborhood Radiology Management Services, LLC
 Name _____

Case number (if known) 1-22-41393

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Dates of service
26a.1. <u>Del Prete & Cheng LLP</u> Name <u>111 Atlantic Avenue, Suite 1R, Brooklyn, NY 11201</u>	From _____ To _____

Name and address	Dates of service
26a.2. _____ Name	From _____ To _____

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

Name and address	Dates of service
26b.1. _____ Name	From _____ To _____

Name and address	Dates of service
26b.2. _____ Name	From _____ To _____

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. _____ Name	

Debtor Neighborhood Radiology Management Services, LLC
Name

Case number (if known) 1-22-41393

Name and address

If any books of account and records are unavailable, explain why

26c.2.

Name

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

26d.1.

Name

Name and address

26d.2.

Name

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

\$ _____

Name and address of the person who has possession of inventory records

27.1.

Name

Debtor Neighborhood Radiology Management Services, LLC
Name _____

Case number (if known) 1-22-41393 _____

Name of the person who supervised the taking of the inventory

Date of
inventory

The dollar amount and basis (cost, market, or
other basis) of each inventory

\$ _____

Name and address of the person who has possession of inventory records

27.2.

Name _____

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Daniel DiPietro	113-20 Queens Blvd, Forest Hills, NY 11375		100

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
			_____ To _____
			_____ To _____
			_____ To _____
			_____ To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☒ No

☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. _____	_____	_____	
Name _____		_____	

Relationship to debtor _____		_____	

Debtor Neighborhood Radiology Management Services, LLC
Name _____

Case number (if known) 1-22-41393 _____

Name and address of recipient

30.2

Name _____

Relationship to debtor

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
- ☐ Yes. Identify below.

Name of the parent corporation _____

Employer Identification number of the parent corporation _____

EIN: _____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
- ☐ Yes. Identify below.

Name of the pension fund _____

Employer Identification number of the pension fund _____

EIN: _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 07/14/2022
MM / DD / YYYY

X

/s/ Daniel DiPietro

Printed name Daniel DiPietro

Signature of individual signing on behalf of the debtor

Position or relationship to debtor ManagerAre additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☐ No
- ☒ Yes

Debtor Name Neighborhood Radiology Management Services, LLCCase number (if known) 1-22-41393**Continuation Sheet for Official Form 207**

3) Certain payments or transfers to creditors within 90 days before filing this case

Guardian, \$7,617.06

JM Cleaning, \$13,989.00

7) Legal Actions

Siemens Financial Services, Inc. v. Neighborhood Radiology Management Services, LLC, NRMS Greenpoint Realty, LLC, Daniel DiPietro, Matthew Diamant and Neighborhood Radiology Services P.C.

608098/2021

Supreme Court of the State of New York, County of Nassau

Pending

Ultrasound Solutions Corp. v. Neighborhood Radiology Services, PC, d/b/a Neighborhood Radiology of Hewlett, d/b/a Neighborhood Radiology of Elmont, d/b/a Neighborhood Radiology of Astoria, d/b/a Neighborhood Radiology of Forest Hills, CDP Holdings Group, LLC, d/b/a Neighborhood Radiology Management, Neighborhood Radiology Management Services, LLC, Neighborhood Radiology Management Services II LLC, Neighborhood Radiology Management Services III LLC, and Neighborhood Radiology Management Services IV LLC

CV-002742-22

District Court of the County of Nassau

Third District: Great Neck

Pending

Signature Financial LLC v. Neighborhood Radiology Management Services, LLC, Neighborhood Radiology Services PC, and Long Island Radiology

607248/2022

Collection

Supreme Court of the State of New York

County of Nassau

Pending

Alpha Medical Equipment of New York Inc., v. Neighborhood Radiology Management Services, LLC

650290/2022

Debtor Name Neighborhood Radiology Management Services, LLC

Case number *(if known)* 1-22-41393

Continuation Sheet for Official Form 207

Supreme Court, New York County

60 Centre Street, New York, NY 10007

Pending

14) Previous Locations

**47-16 Greenpoint Ave,
Sunnyside, NY 11104**

**227 Franklin Avenue,
Hewlett, NY 11557**

**92-37 Metropolitan Ave,
Forest Hills, NY 11375**